

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 15, 2003

Re: IRO Case # M2-03-0679

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 29-year-old male who developed low back pain on ___ while carrying approximately 45 pounds of soda bottles. He was treated with medication and physical therapy, but his pain persisted. An MRI on 7/12/02 showed a probable right-sided L4-5 disk rupture. The pain in the patient's back has extended into both lower extremities, worse on the left side. On examination straight leg raising was positive on the left side, but there was no neurologic deficit. Electrodiagnostic testing was normal.

Requested Service

Lumbar laminectomy

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The only supportive evidence for an operative procedure presented for this review is the MRI finding, which is on the right side at L4-5. The patient's symptoms, however, are primarily on the left side. Straight leg raising is positive on the left side, and other evidence suggests left lumbar nerve root compression as a possible source of the patient's trouble. This is not shown on any of the objective testing provided for review. If indeed symptoms and signs developed suggesting right-sided L5 nerve root compression, then an opinion regarding an operative procedure might change. At the present time, based on the studies and examinations reported, the proposed operative procedure does not appear to be indicated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 17th day of April 2003.